

3 5M 8-18-35

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

return should preferably be made  
person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \*

Place of Birth

County

No.

Registration District

OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			4
OF BIRTH*	August 31	1921	
	(Month)	(Day)	(Year)
FATHER			
Louis Dukranovich			
MOTHER			
Stana Nijukovich			

I HEREBY CERTIFY that the child described herein has  
been named

George Dukranovich  
(Give name in full) (Surname)  
Stana Dukranovich +  
(Parent's Signature)  
Marica Garich  
(Signature of Physician or Midwife)

These items to be entered by the local registrar before giving out this form.  
Blank supplemental reports of birth may be obtained from the local registrar

X

758-831-248

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